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EPI-LOG

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HEALTHY PEOPLE. HEALTHY COMMUNITIES

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Hepatitis Awareness

May is National Hepatitis Awareness Month. On May 3rd , the United States Hepatitis Alliance sponsored "Wake Up America" rallies at state capitols across the nation, including one held in Olympia, to increase public awareness about hepatitis and the need for increased funding for hepatitis research.

On May 5TH, the Centers for Disease Control and Prevention (CDC) began its Hepatitis C Public Information Campaign. The goals of this campaign are: 1) to raise awareness about infection with hepatitis C virus (HCV), 2) to raise awareness that persons who received blood transfusions prior to 1992 are at risk for HCV infection and should be tested, and 3) to encourage persons who received blood transfusions prior to July 1992 to seek testing and medical care, if found to be positive for HCV infection. The CDC will also be coordinating HCV education and outreach activities between professional organizations, volunteer agencies, and patient advocacy groups.

Locally, Public Health – Seattle and King County (PH-SKC) is conducting two hepatitis education and awareness projects. The first is the "Hepatitis B Model Cities Project", a two-year project funded by Merck and Co. to increase hepatitis B awareness and immunization rates among persons at high-risk for hepatitis B virus (HBV) infection in Seattle-King County. One component of this project is education for health care providers regarding at-risk groups for HBV infection and ways to reduce missed opportunities for vaccination. The second component of this project is to inform community groups at-risk for HBV infection about their increased risk for infection, ways to prevent infection, and the availability of vaccine. Reimbursement for hepatitis B vaccine is often available to insured persons.

The Advisory Committee on Immunization Practices (ACIP) recommends hepatitis B immunization of persons at risk for infection with HBV, including persons born in countries with moderate to high endemic rates of HBV and their descendants; household contacts of HBV carriers; intravenous drug users; persons who have sex with more than one person in a 6-month period or who have sex with someone infected with HBV; Alaskan Natives and Pacific Islanders; chronic dialysis patients; recipients of certain blood products; and health care workers with frequent blood contact. Persons in these groups should be targeted for vaccination against hepatitis B, or tested for current or past infection with HBV if they have already been in a high risk situation. For more information about the Model Cities Project or about HBV, please contact Shelly McKeirnan at (206) 296-4774.

The City of Seattle funds the second hepatitis project, which is a collaborative effort between PH-SKC and the Seattle Commission on Sexual Minorities. The goal of the project is to increase hepatitis A and B awareness and immunization rates among men who have sex with men (MSM), who are at increased risk for both hepatitis A virus (HAV) and HBV infection. Although the ACIP recommends that MSM be vaccinated against both HAV and HBV, the high incidence of hepatitis among this population suggests that health care providers are missing opportunities to protect at-risk populations from potentially serious and preventable diseases. Health care providers should consider ways in which they might ascertain hepatitis risk factors for patients who may not be forthcoming about high-risk behaviors, and offer hepatitis A and B vaccine. Additionally, hepatitis vaccine is usually reimbursable for insured patients. Testing for HAV and HBV infection should be considered prior to immunization in men who are likely to have been infected. Please contact Drew Emery at (206) 296-4774 for information on hepatitis in MSM or hepatitis vaccine reimbursement.

For more information about the CDC Campaign, visit their website: http://www.cdc.gov/ncidod/diseases/hepatitis/presskit.pdf.

Acute Hepatitis

In January, 1998, the Current Procedural Terminology (CPT) code for the hepatitis serology panel (CPT#80059) was changed to exclude the tests for *acute* hepatitis A virus (HAV) infection (IgM anti-HAV) and *acute* hepatitis B (HBV) infection (IgM anti-HBc). Post-exposure management of persons exposed to acute hepatitis cases has been delayed in a number of situations because some health care providers are not aware that the appropriate tests for acute hepatitis are no longer included in the hepatitis serology panel. On January 1, 2000, the two tests will again be included. Until that time, health care providers who suspect a patient may have an acute infection with HAV or HBV need to specifically order the tests for IgM anti-HAV (CPT#86709) and IgM anti-HBc(CPT#86705), respectively.

Varicella Vaccine

According to Dr. William Atkinson, Medical Epidemiologist with the CDC National Immunization Program, "Several studies have shown that administration of varicella vaccine within 72 hours, and possibly up to 5 days after exposure to varicella, may prevent or significantly reduce the severity of varicella. ACIP is currently developing a revised statement on varicella that will recommend vaccination of susceptible persons following exposure to varicella. Vaccine should be administered as soon as possible after exposure, preferably within 72 hours. Limited data indicate that vaccination 5 days or more after exposure is less likely to prevent or modify the disease.

However, it will provide future protection if the exposed person has not been infected."

Please note that varicella vaccine cannot be given to immunocompromised persons or pregnant women, and is not given prior to 12 months of age. Therefore, Varicella Zoster Immune Globulin (VZIG) is still the post-exposure treatment of choice within 96 hours of exposure for people without a history of chickenpox who are at high risk for complications, including: immunocompromised children and adults, pregnant women, newborns whose mothers had an onset of varicella 5 days before to 2 days following delivery, hospitalized premature infants born at 28 weeks gestation to non-immune mothers, and hospitalized premature infants born prior to 28 weeks gestation regardless of maternal history. Puget Sound Blood Center is the primary source for VZIG in our region. They can be reached at 206-292-6525.

TB in 1998

In 1998, 13 of the 116 TB cases (11%) were diagnosed on the basis of the PH-SKC Tuberculosis (TB) Program screening of high risk groups; eight cases were diagnosed by screening newly-arrived immigrants determined to have abnormal X-rays during the immigration application process overseas and five were identified during contact investigations of active cases. Cases detected through screening activities are usually in an early, asymptomatic stage of TB, are rarely infectious, and respond very readily to treatment.

The TB Control Program Clinic continued its heavy pattern of utilization during 1998, mainly by persons at high risk of tuberculosis. A total of 6,076 patients received services during the year and the number of client visits totaled 23,120. While the number of patients decreased by about 700, client visits increased by 2000 compared to 1997. Nineteen percent of clients served were refugees newly-arrived from areas of high TB endemicity. Thirty-nine percent of clients were White, 26% Asian, 18% African or African American, 10% Hispanic, and 1.2% Native American. Nearly 60% of clients served in the TB clinic during 1998 reported a family income below the poverty level.

Department-wide, 16,573 tuberculin skin tests were performed with 1,877 (11.3%) determined to be positive (≥10mm). The proportion of those with positive tests by race/ethnicity were: Southeast Asians 33.8%, Asians and Pacific Islanders 27.9%, Hispanics 25.1%, African Americans 11.8%, Whites 8.1%, and Native Americans 4.8%.

The Program's Outreach Team delivered more than 7,000 doses of TB medication directly to patients in the community. Among 57 patients who received directly-observed therapy through the Outreach Team, 56 (98%) completed their course of treatment.

The Health Care for the Homeless (HCH) program continued its work to control and prevent TB among homeless persons in the Seattle downtown target area, where the incidence of TB is highest of all neighborhoods in the city and county. The database of homeless clients that have received TB screening through this program now includes data on 3,298 persons from that population. During 1998, the HCH team performed 31 screenings at shelters and day facilities, and recorded approximately 2,000 total client encounters for TB services.

Other new and ongoing initiatives include: 1) an expanded program for increasing the effectiveness of preventive therapy in refugees, in cooperation with the International Medicine Clinic at Harborview Medical Center, 2) an expanding partnership program with community clinics for provision of TB screening and preventive services in primary health care sites, and 3) The TB respite housing program, which accommodates 15 to 20 homeless patients each year for periods of two weeks to several months.

Thanks to Charles M. Nolan, MD, PH-SKC TB Control Officer for this report.

Report: (area code 206)
AIDS.....296-4645
Communicable Disease.....296-4774
STDs.....731-3954
Tuberculosis.....731-4579
24-hr Report Line.....296-4782
After hours.....682-7321
Hotlines:
CD Hotline.....296-4949
HIV/STD Hotline.....205-STDS

http://www.metrokc.gov/health/

REPORTED CASES OF SELECTED DISEASES SEATTLE-KING COUNTY 1999

	CASES REPORTED IN APRIL		CASES REPORTED THROUGH APRIL	
	1999	1998	1999	1998
VACCINE-PREVENTABLE DISEASES				
Mumps	0	0	1	0
Measles	1	0	1	0
Pertussis	39	10	337	69
Rubella	0	0	2	0
SEXUALLY TRANSMITTED DISEASES				
Syphilis	9	9	31	12
Gonorrhea	67	98	327	343
Chlamydial infections	284	302	1293	1124
Herpes, genital	42	58	215	240
Pelvic Inflammatory Disease	19	25	120	137
Syphilis, late	0	0	12	9
ENTERIC DISEASES				
Giardiasis	19	20	62	60
Salmonellosis	10	11	54	37
Shigellosis	2	8	17	27
Campylobacteriosis	19	9	66	62
E.coli O157:H7	1	0	9	1
HEPATITIS				
Hepatitis A	2	54	25	232
Hepatitis B	0	5	8	24
Hepatitis C/non-A, non-B	3	0	4	1
AIDS	10	21	65	106
TUBERCULOSIS	5	12	35	39
MENINGITIS/INVASIVE DISEASE				
Haemophilus influenzae	0	0	0	0
Meningococcal disease	3	0	8	8